


FILED
Apr 09, 2007 8:00 am
Secretary of State

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DOCUMENT # P05000132148		04-09-2007 90062 032 ***150.00	
1. Entity Name VALENCIA INTERNATIONAL BUSINESS, CORP			
Principal Place of Business 2230 SW 16TH CT 6 MIAMI, FL 33145 US		Mailing Address 2230 SW 16TH CT 6 MIAMI, FL 33145 US	
2. Principal Place of Business - No P.O. Box # 9551 FONTAINEBLEAU BLVD		3. Mailing Address	
Suite, Apt. #, etc. 4N		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33172	Country DADE	Zip	Country
6. Name and Address of Current Registered Agent VALENCIA, JOSE F 2230 SW 16TH CT 6 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENCIA, JOSE F 2230 SW 16TH CT # 6 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE F PRESIDENT A JOSE FERRANDO VALENCIA 9551 FONTAINEBLEAU BLVD 4N MIAMI, FL 33172 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.			
SIGNATURE: X		X 305-22338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	